

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013835

STATE FILE NUMBER

FILED APR 16 1959

Registration District No.

160

Primary Registration District No.

559v

Registrar's No.

56

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TOACHIM TOWNSHIP		c. CITY OR TOWN NEAR BARNHART MO	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PEVELY R.R.		d. STREET ADDRESS (If outside, give location) PEVELY R.R.	
3. NAME OF DECEASED (Type or print) First OTTO Middle A Last BRUHN		4. DATE OF DEATH Month APR. Day 3 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV. 17, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMER	9. AGE (In years last birthday) 80
11. BIRTHPLACE (City and state or country) PEVELY MO		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME PETER BRUHN		13b. MOTHER'S MAIDEN NAME BERTHA TECKMEYER	
14. NAME OF HUSBAND OR WIFE JULIA BRUHN		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 88 34 0503		17. INFORMANT JULIA BRUHN PEVELY MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Memoria (Stapholaine)</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 491X			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from Death occurred on <i>Jan 26/59</i> to <i>Apr 3/59</i> and last saw her alive on <i>14/3/59</i> on the date stated above; and to the best of my knowledge, from the causes stated.		22. ADDRESS <i>Imperial MO</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE APR. 6, 1959	
23c. NAME OF CEMETERY OR CREMATORY HILLSBORO CEMETERY		23d. LOCATION (City, town, or county) (State) HILLSBORO MO	
24. FUNERAL DIRECTOR HEILIGTAG		25. DATE RECD. BY LOCAL REG. 4/6/59	
26. REGISTRAR'S SIGNATURE <i>John D. Stoll</i>		27. DATE SIGNED 4/4/59	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

VS APR 21 1959

APR 11 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Elmer Heiligtag*

Licensed Embalmer No. *3571*

P. O. Address *Imperial*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. :

If this body is not embalmed, fact should be so stated above.